

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3						
4		3	1	3		
5		3		3		
6		3		3		
7		(1)		3		
8		(1)		3		
9		(1)		3		
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	14		20			
TOTAL CLAIMS	15		21			

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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